STATE OF CALIFORNIA - Personal Administration							0.81.4 5						Page of Pages				
TRAVE	L EXPE	NSE CLA															
STD 262 A (REV 9/2007) CLAIMANT'S NAME							SSAN OR EMPLOYEE NUMBER						DEPARTMENT				
Frank McCarton POSITION CB/ID NUMBER							DIVISION OR BUREAU						CAIEMA INDEX NUMBER				
Undersecretary E99							Executive Office						2000 Executive Office				
RESIDENCE ADDRESS							HEADQUARTERS ADDRESS 3650 Schriever Avenue						TELEPHONE NUMBER (916) 845-8530				
CITY	CITY STATE ZIP CODE						CITY STATE Mather CA						ZIP CODE 95655				
(1) NORMA	L WORK HOL	IRS:				_			CLE LICENS	SE No.:			GE RATE CL	AIMED:	i i i i i i i i i i i i i i i i i i i		
0800 - 1700 4) / YEAR (6)				(7) (8) M			  EALS				0.50 (10) TRAN SPORTA TION				1 11)	(12)	
MONTH	MONTH		LOCATION		(0) M		0.T.,L/T.		(3)	(A) (B)		(C)	(D)		BUSINESS		
67.	6/2010				BREAK-		N/	N/C. RELO.	INCIDEN-	COST OF TRANS.	(B) TYPE	CARFARE, TOLLS, PARKING	PRIVATE	CAR USE		EXPENSES FOR DAY	
(5) DATE			WHERE EXPENSESES WERE INCURRED		FAST	LUNC	H OF	R DINNER	TALS		USED						
6/25	9:30a 10:00p	Boston, M.	A to Home			-1(	<del>).0</del> 0	18.00	)	51.	00 A, T			100		69,00	
															2>		
														0	CC.		
							+				+	+		量	OUN	2	
							$\perp$				-					1 3	
														2	MG		
														3	짂		
							+				+			- Com			
								VIA T-11 - 15			-			2	9 🔀		
	0						$\perp$								0		
																69.00	
(13)	SUBTOTAL					<u>.40</u>	.00	18.00		51.0	0					<del>-79:00</del>	
(14) PURPU		CLAIM TO		ATTACH REC	EIPTS/VOUC	HERS	WHEN	REQUIRE	0)		A CONTRACTOR OF THE PARTY OF TH			and the second		64.00	
Attendance to Harvard for training.  AGENCY ACCOUNTING PCA PROJECT WORK						OB	J AO	AMOUN	NT OBJ	AO A	MOUNT	OBJ AO	AMOUNT	OBJ AO	AMOUNT	TOTAL	
0	OFFICE USE ONLY PAID BY REV. FUND CHECK No. 99650			-	PHASE	31	2	28,00	322	5	1.00					109,00	
PAID BY REV. FOND CHECKING.								18.0	2					-		169,00	
						+		-									
								-									
							188	0							69.00		
(15) LHERI	EBY CERTIFY	That the above	e is a true sta	TOTALS	CALL STATE OF THE	e as inc	urred by	28.00 y me in ac	-		1.00 es in the se	ervice of the State	e of California	a. If a privately	owned vehic	cle was used,	
and if milage 0751, 0752, 0	rates exceed 0754	the minimum ra pertaining to v	te, I certify the	and Segregar	operating the	venicie	was eq	uai to or g	reater than	the rate cla	imed, and	that I have met th	ne requireme	nts as prescrib	ed by SAM S	jections 0750,	
CLAIMANTS				// <u>!</u> _	7-1	-2	cle was equal to or greater than the rate claimed, and that					TRAVEL AND F	AVEL AND PAYMENT			10	
(17) SPEC	IAL HXPENSE	S SIGNATURE	AND TITLE	(See Itme 17	- Contract of the Contract of		-							D	ATE		
		E		120/2040													
Rev	riewed by I	Meena Kun	iar on 06/	29/2010													